Update Company Information/Authorized

UPDATE: This document explains how to submit changes to Company Information and Authorized Contacts that Office Ally has on file*. In order to update the information on your actual accounts, consult your Security Administrator**.

*** To view the current Company Information and Authorized Contacts on file for your account follow these steps while logged into an account with Administrative Rights:** Practice Mate or EHR 24/7: Manage Office > Company Settings > Company Information Service Center: My Settings > Admin Section > Company Information

**** The Security Administrator account is able to update the contact information of all other accounts (including the Administrator/Admin Account). To do this, the Security Administrator follows these steps:** Practice Mate or EHR 24/7: Manage Office > List Maintenance > Provider List > 'Edit' > Make desired changes > 'Update'

Office Ally maintains the Company Information as well as a list of Authorized Contacts on all accounts. Company Information is used for informational purposes and tracking. Authorized Contacts can receive invoices as well as make most changes to the account. Note: The President/Owner/CEO of the Entity who owns the Office Ally account is authorized to make all changes to the account. There are two ways (email or written) to update the Company Information or the Authorized Contacts on file for your account; both are explained below. Once submitted, please allow 48 hours for your request to be processed. Once your request has been approved or denied you will be notified via email.

A template that can be filled out electronically, then printed on your letterhead, and submitted via email or fax, can be found on the last page of this document.

EMAIL CHANGE REQUEST

To update the Company Information or Authorized Contacts on your account, send an email to enrollmentadmin@officeally.com from the email address of one of the Authorized Contacts currently on file with Office Ally.

The email request must contain the following:

- **Office Ally Username**
- **Contact phone number** (in case Office Ally has questions regarding the request)
- **Name and title of person requesting the change** (in case Office Ally has questions regarding the request)
- **Change(s) requested:** (clearly state what you updating, using the terms: 'Company' or 'Authorized Contacts')
    - **Update Company Name, Company Phone/Fax or Company Address**
        - Authorized Contacts and/or the President/CEO/Owner of Entity who owns the Office Ally Account can change this information.
- **Add/Update/Remove Authorized Contact(s)**
    - Only the President/CEO/Owner of Entity who owns the Office Ally Account can remove an Authorized Contact.
    - **To add an Authorized Contact,** you must include: First Name, Last Name, Email Address, Phone Number, and indicate whether or not they should receive invoices. To add additional authorized contacts, click here and complete the additional form. Note: The form must be returned with the Update Company Information/Authorized Contacts on File request in order to be processed.
    - **To remove an Authorized Contact,** you must include: First Name and Last Name and/or Email Address of the contact you want to remove. Note: At least one Authorized Contact must be set to receive invoices.

Request examples: "Please update the Company Address for Username: TestUser to 123 Main Street, Hometown, CA 99999", "Please add John Doe jdoe123@gmail.com 999-555-1234 as an Authorized Contact for Username: TestUser".

WRITTEN CHANGE REQUEST

To update the Company Information or Authorized Contacts on your account, you can also send a letter via email to enrollmentadmin@officeally.com or via fax it to (360) 314-2184. It must be on the letterhead of the entity/company who owns the Office Ally account. A template that can be filled out electronically, and then printed on your letterhead, can be found on the next page. Note: It must be printed on company letterhead to be accepted.

The letter must contain the following:

- **Office Ally Username**
- **Contact phone number** (in case Office Ally has questions regarding the request)
- **Name and title of person requesting the change** (in case Office Ally has questions regarding the request)
- **Change(s) requested:** (clearly state what you updating, using the terms: 'Company' or 'Authorized Contacts')
    - **Update Company Name, Company Phone/Fax or Company Address**
        - Authorized Contacts and/or the President/CEO/Owner of Entity who owns the Office Ally Account can change this information.
- **Add/Update/Remove Authorized Contact(s)**
    - Only the President/CEO/Owner of Entity who owns the Office Ally Account can remove an Authorized Contact.
    - **To add an Authorized Contact,** you must include: First Name, Last Name, Email Address, Phone Number, and indicate whether or not they should receive invoices. To add additional authorized contacts, click here and complete the additional form. Note: The form must be returned with the Update Company Information/Authorized Contacts on File request in order to be processed.
    - **To remove an Authorized Contact,** you must include: First Name and Last Name and/or Email Address of the contact you want to remove. Note: At least one Authorized Contact must be set to receive invoices.
    - **Request examples:** "Please update the Company Address for Username: TestUser to 123 Main Street, Hometown, CA 99999", "Please add John Doe jdoe123@gmail.com 999-555-1234 as an Authorized Contact for Username: TestUser".
- Signature
- Name of Signer
- Title of Signer
    - *The letter must be signed by one of the Authorized Contacts or the President, CEO, or Owner of the entity who owns the Office Ally account.

ADDITIONAL INFORMATION:

Updating your Company Information and/or Authorized Contacts with us only changes the information we have on file for you. If your company information has changed, you still need to notify the insurance companies of your new information (if necessary) and update your stored information in your billing software to reflect the new address.

Updating the information on your account only affects the contact information and DOES NOT affect the ownership of the account. If your intent was to transfer ownership of the account from one entity/company to another, please refer to the Transfer of Ownership instructions located here.

RE: Update Company Information/Authorized Contact Request (*Print on Company Letterhead*)

Today's Date: ____________________

Office Ally Username & User ID #: ____

Contact/Requester Name: ____

Contact Phone: __________________________ Contact Email: ________________________________

Please UPDATE the Company Information of the Office Ally Username/User ID # above as follows:

New Company Name should be:____

(Note: this is not a Transfer of Ownership, only a change in Company Name, the Owner remains the same.)

New Company Phone:____

New Company Fax: ____

New Company Address: ____

New City, State, Zip: ____

Please update the Authorized Contact(s) of the Office Ally Username/User ID # above as follows:

Update current Authorized Contact:__________________________________ with the new information below:

ADD an Authorized Contact with the information below:

(To add additional authorized contacts, click here and complete the additional form. Note: The form must be returned with the Update Company Information/Authorized Contacts on File request in order to be processed.)

First and Last Name:____

Phone Number: __________________________ Email Address: ________________________________

Reset Password and Security Question? ☐ YES ☐ NO

Send Invoices to this Authorized Contact? ☐ YES ☐ NO

Remove current Authorized Contact? ☐ YES ☐ NO

First and Last Name:____

Email Address: ______________________________________

Note: Only the President/CEO/Owner of Entity who owns the Office Ally Account can remove an Authorized Contact and at least one Authorized Contact must be set to receive invoices.

____ ____

Signature of Authorized Contact, President, CEO, or Owner   Printed Name of Signer

____ ______________________________

Title of Signer   Date Signed: